

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 --- 4 0

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

4/1/01

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-353B

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

Cooperative Interagency Agreements between the Department of Social Services, Division of Medical Services
and the attached School District for the provision of Early Periodic Screening Diagnosis and Treatment (EPSDT)
Administrative Claiming.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *cl*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

December 21, 2001

16. RETURN TO:

Division of Medical Services
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12-28-01

18. DATE APPROVED:

MAR 14 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

04/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

CC:
Martin
Vadner
Waite
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 12-21-01

Date Received: 12-28-01

Transmittal 01-40

Effective Date 04-01-01

<u>School District</u>	<u>Effective Date</u>	<u>New Attachment No.</u>	<u>Old Attachment No.</u>
Exeter R-VI	04-01-01	4.16-353B	New

SAMPLE

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF MEDICAL SERVICES
And
NAME OF SCHOOL DISTRICT HERE**

**SCHOOL DISTRICT ADMINISTRATIVE CLAIMING
THROUGH THE MEDICAID PROGRAM**

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the **SCHOOL DISTRICT HERE**, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) a.k.a. in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of School District Administrative Claiming (SDAC) Program by the school district has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the district.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the district has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the school district in identifying and assessing the health care needs of Medicaid eligible and potentially eligible clients and in planning, coordinating and monitoring the delivery of preventive and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the school district for SDAC.

The Department of Social Services, Division of Medical Services recognizes the school district as the most suitable agent to administer outreach, referral and coordination through SDAC for its Medicaid and potentially Medicaid eligible clients and their families.

The Department of Social Services and the school district enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the district's boundaries and which are currently included in the Title XIX State Plan.

**I
MUTUAL OBJECTIVES**

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefits and how to access them.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.

TN No. _____
Supersedes TN No. _____

Approval Date MAY 1 2001
Effective Date APR 01 2001

SAMPLE

4. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
5. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
6. All terms of this Agreement and procedures adhere with OMB Circular A87.

II RESPECTIVE RESPONSIBILITIES

The Department of Social Services Agrees to:

1. Reimburse the school district the Title XIX federal share of actual and reasonable costs for EPSDT administrative activities provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. Upon receiving each quarterly claim DSS will draw down and make payments to the school district the amount equal to the appropriate Federal Financial Participation (FFP) for all claims submitted, less DSS administrative costs of seven percent (7%) of the FFP associated with administration of this program.
2. Provide the school district access to the information necessary to properly provide the SDAC activities.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the school district.
4. Provide directly through DSS/DMS or its agent, training and technical assistance to staff of the school district regarding the responsibilities assumed within the terms of this agreement.
5. Conduct directly through DSS/DMS in service training sessions for participating school districts on an annual basis.
6. Provide directly through DSS/DMS necessary consultation to the school district on issues related to this agreement as needed by the school district.

SAMPLE

4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
5. Certify to DSS the provisions of the non-federal share for SDAC via completion of DMS "Certification of General Revenue" form.
6. Accept responsibility for any disallowance and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds that are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the school district.
7. Consult with the Division of Medical Services on issues arising out of this agreement.
8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide CMS any necessary data for auditing purposes.
10. Submit claims on a quarterly basis to DSS/DMS or its agent that correspond with the predetermined statewide methodology for submitting claims.

III PROGRAM DESCRIPTION

SDAC activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential Medicaid eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, follow through on recommendations and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

Medicaid is committed to the least restrictive method of treatment for children and will maintain this as a priority.

SAMPLE

7. Accept federally approved "Indirect Cost Allocation and Certification Summary" on file at DESE as official indirect cost allocation plan to be used in calculating amount of payment due.

The School District agrees to:

1. Assist the Department of Social Services, Division of Medical Services by promoting the availability of Medicaid covered health services and improving students access to those services. The following activities have been identified as appropriate:

Outreach to Children/Families to Access Medicaid

Use this code when performing specific activities to inform eligible children under the age of 21 and their parents about Medicaid and EPSDT benefits and access. Information includes a combination of oral and written methods that describe the range of services available through Medicaid and EPSDT, the cost (if any), location, how to obtain services, and the benefits of preventive health care. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Facilitating An Application for Medicaid Programs

Use this code when assisting children and families in establishing Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Program Planning, Policy Development, and Interagency Coordination Related to Medical Services

Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered medical/mental health services to school age children, and when performing collaborative activities with other agencies. Only employees whose position descriptions include program planning, policy development, and interagency coordination should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Referral, Coordination, And Monitoring Of Health Care Services

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Use this code when involved in Medicaid specific training. This includes coordinating with the state Medicaid agency. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

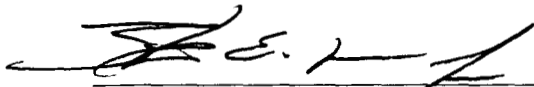
2. Participate with DSS/DMS or its agent in the directed Random Moment Sampling process to determine the percentage of staff time providing SDAC reimbursable activities in accordance with the provisions of OMB Circular 117-1.

SAMPLE

4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
5. Certify to DSS the provisions of the non-federal share for SDAC via completion of DMS "Certification of General Revenue" form.

**IV
TERMS OF THIS AGREEMENT**

The period of this Cooperative Agreement shall be from **EFFECTIVE DATE** through **ENDING DATE**. This agreement shall remain in effect for a period of five years but shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attaching the results of that review as an addendum to this agreement. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Dana Katherine Martin, Director
Department of Social Services

12-21-01
Date

Name of Superintendent
Name of School District

Date